

PERSONAL FINANCIAL STATEMENT**FORM PFS****COVER SHEET**

Filed in accordance with chapter 572 of the Government Code.

For filings required in 2011, covering calendar year ending December 31, **2010**.

Use FORM PFS - INSTRUCTION GUIDE when completing this form.

<p>1 NAME</p> <p>TITLE, FIRST, MI JOAN</p> <p>NICKNAME, LAST, SUFFIX HUFFMAN</p>		<p>PAGE # Page 1 of 12</p> <p>ACCOUNT # 00037510</p> <p>OFFICE USE ONLY</p> <p>Date Received RECEIVED JUN 28 2011 Texas Ethics Commission</p> <p>Receipt # HD (PM) 06/24/11 Amount</p> <p>Legal</p> <p>Date Processed PROCESSED JUN 28 2011</p> <p>Date Imaged</p>
<p>2 ADDRESS</p> <p>3375 WESTPARK DR., #135 HOUSTON, TX 77005-4262</p> <p><input type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)</p>		
<p>3 TELEPHONE NUMBER</p> <p>AREA CODE NUMBER; EXTENSION (713) 805-3473</p>		
<p>4 REASON FOR FILING STATEMENT</p> <p><input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE)</p> <p><input checked="" type="checkbox"/> ELECTED OFFICER <u>STATE SENATOR DISTRICT 17</u> (INDICATE OFFICE)</p> <p><input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY)</p> <p><input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY)</p> <p><input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT</p> <p><input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY)</p> <p><input type="checkbox"/> OTHER _____ (INDICATE POSITION)</p>		
<p>5 Family members whose financial activity you are reporting (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity):</p> <p>SPOUSE <u>KEITH LAWYER</u></p> <p>DEPENDENT CHILD 1. _____</p> <p>2. _____</p> <p>3. _____</p>		

In parts 1 through 18, you will disclose your financial activity during the calendar year. In parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child if you had actual control over that person's financial activity.

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

12

R: 494375

SOURCES OF OCCUPATIONAL INCOME**PART 1A** NOT APPLICABLE

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address)
	STATE OF TEXAS
	AUSTIN, TX
	STATE SENATOR
.....
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION
	POLITICAL OFFICE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

STOCK**PART 2** NOT APPLICABLE

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 BUSINESS ENTITY	NAME UNITED DEVELOPMENT FUNDING III, LP		
2 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input checked="" type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE		
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

MUTUAL FUNDS**PART 4** NOT APPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE

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1 MUTUAL FUND	NAME WELLS FARGO ADVANTAGE DJ TARGET 2020			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____			
3 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 TO 9,999 <input type="checkbox"/> 10,000 OR MORE			
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS**PART 5** NOT APPLICABLE

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 SOURCE OF INCOME	NAME AND ADDRESS UNITED DEVELOPMENT FUNDING III, LP 1301 MUNICIPAL WAY SUITE 100 GRAPEVINE, TX 76051		
2 RECEIVED BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 AMOUNT	<input checked="" type="checkbox"/> \$500 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN REAL PROPERTY**PART 7A** NOT APPLICABLE

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of 'beneficial interest' and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE 3315 RICE BLVD HOUSTON, TX 77005 HARRIS
3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 lot HARRIS
4 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY AND STATE [REDACTED]
DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 lot HARRIS
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

INTERESTS IN BUSINESS ENTITIES**PART 7B** NOT APPLICABLE

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of 'beneficial interest' and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (check if Filer's Home Address) LL RANCH PARTNERS, LTD. 2211 NORFOLK ST. SUITE 820 HOUSTON, TX 77098
3 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE <input type="checkbox"/> NET LOSS

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GIFTS**PART 8** NOT APPLICABLE

Identify any person or organization that has given a gift worth more than \$250 to you, your spouse, or a dependent child, and describe the gift. The description of a gift of cash or a cash equivalent, such as a negotiable instrument or gift certificate, must include a statement of the value of the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree of consanguinity or affinity. For more information, see FORM PFS--INSTRUCTION GUIDE

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 DONOR	NAME AND ADDRESS Turquoise Council of Americans and Eurasians 9301 West Bellfort St. Houston, TX 77031		
2 RECIPIENT	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____		
3 DESCRIPTION OF GIFT	Transportation, food, and lodging in Turkey. I fully reimbursed the Council for all costs from my personal funds, but after the reporting period ended. I am reporting as a gift for full disclosure and out of an abundance of caution.		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

ASSETS OF BUSINESS ASSOCIATIONS**PART 11A** NOT APPLICABLE

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS LL RANCH PARTNERS, LTD. 2211 NORFOLK ST. SUITE 820 HOUSTON, TX 77098			<input type="checkbox"/> (Check if Filer's Home Address)
2 BUSINESS TYPE	FAMILY LIMITED PARTNERSHIP			
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD	_____
4 ASSETS	DESCRIPTION		CATEGORY	
	LAND - 346.887 ACRES, COLORADO COUNTY, TX - ABSTRACT NO. 190, VOL 459, PAGE 173		<input type="checkbox"/> LESS THAN \$5,000	\$5,000 - \$9,999
			<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
	BUILDINGS AND LAND IMPROVEMENTS		<input type="checkbox"/> LESS THAN \$5,000	\$5,000 - \$9,999
			<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
	MACHINERY AND EQUIPMENT		<input type="checkbox"/> LESS THAN \$5,000	\$5,000 - \$9,999
		<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE	
LIVESTOCK		<input type="checkbox"/> LESS THAN \$5,000	\$5,000 - \$9,999	
		<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE	
CASH IN BANK ACCOUNTS		<input type="checkbox"/> LESS THAN \$5,000	\$5,000 - \$9,999	
		<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

LIABILITIES OF BUSINESS ASSOCIATIONS**PART 11B** NOT APPLICABLE

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the liabilities. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 BUSINESS ASSOCIATION	NAME AND ADDRESS		<input type="checkbox"/> (Check if Filer's Home Address)
	LL RANCH PARTNERS, LTD. 2211 NORFOLK ST. SUITE 820 HOUSTON, TX 77098		
2 BUSINESS TYPE	FAMILY LIMITED PARTNERSHIP		
3 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
4 LIABILITIES	DESCRIPTION	CATEGORY	
	ACCRUED PAYROLL TAXES	<input checked="" type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999
		<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT

PARTS MARKED 'NOT APPLICABLE' BY FILER

Rather than printing a page for each Part the filer checked 'Not Applicable,' this page summarizes whether the 'Not Applicable' checkbox was checked for each Part. If the checkbox is checked next to a Part below, then no pages for that Part should be present in the report. If a checkbox is not checked, then pages for that Part should be present in the report.

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Assets of Business Associations
- N/A Part 11B - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances

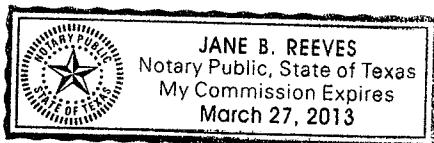
PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, **2010**, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.



Signature of Filer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by JOAN HUFFMAN this the 23rd day of JUNE, 20 11,
to certify which, witness my hand and seal of office.



Jane B. Reeves

Signature of officer administering oath



JANE B. REEVES

Printed name of officer administering oath



NOTARY PUBLIC

Title of officer administering oath